| Effective October 1, 2000 09/94/, 166 | | | | | | | | | | | | | 6 |
|---|--|---|-------------------------------------|--------------------|---------------------------------|------------------|--------|----------------|-------------------|------------------------|---------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
| TOTAL CLAIMS | | | ич | | | | | RATE | | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | Ī | BASIC F | EE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 44 minus 20= | | • 24 | | | X\$ 9= | | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | _ minus 3 = | | • | | | X40= | | | OR | X80= | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135= | | | OR | +270= | |
| • 11 | the difference | less than zero | ss than zero, enter "0" in column 2 | | | ı | TOTAL | | | TOTAL | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | ı | NTITY | OR | OTHER SMALL | |
| | | (Column 1) | | | mn 2) HEST | (Column 3) | | SMA | | | UR I | SWALE ! | |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | MBER OUSLY FOR | PRESENT EXTRA | | RAT | Ε | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | . 28 | Minus | 4 | FY | = | | X\$ 9 | =_ | | OR | X\$18= | |
| AME | independent | • 3 | Minus | *** | <u>3.</u> | = - | | X40: | = | | OR | X80= | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEPI | NDEN | CLAIM | | , | +135 | = | | OR | +270= / | |
| | | | | | | | ١ | TO ADDIT, F | TAL EE | | OR | TOTAL ADDIT, FEE | |
| | | (Column 1) | | (Colu | ımn 2) | (Column 3) | | , | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREV | HEST MBER TOUSLY D FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | • | Minus | ** | | = | | X\$ 9 | = | | OR | X\$18= | |
| ME | Independent | • | Minus | *** | T 01 A114 | = : | ┨╢ | X40 | - | | OR | X80= | |
| ╠ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | J | +135 | = | | OR | +270= | |
| | .* | | f | | • | | l | TO ADDIT. I | TAL | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | umn 2) | (Column 3) | | | | | | - | . ٠ |
| AMENDMENT C | | CLAIMS REMAINING AFTER | | HIG NUI PREV | HEST MBER MOUSLY D FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • AMENDMENT | Minus | ** | <u> </u> | = | | X\$ 9 |) = | 122 | OR | X\$18= | 1 = = |
| ME | Independent | • | Minus | *** | |]= | 1 | X40 | = | | OR | X80= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135 | | | OR | | |
| | if the entry in colu | ımn 1 is less than | the entry in colu | nn 2, wr | ite "0" in o | olumn 3. | | | TAL | | OR | TOTAL | + |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| | The "Highest Nur | mber Previously P | aid For (Total or | Indeper | ndent) is th | e highest numb | oer to | una in th | e ap | propriate oc | ok in C | OUTIII 1. | |

application or Docket Number